



Illinois Department of Revenue

# CMFT-2-X Amended Multiple-Site Form

Attach to Form CMFT-1-X.

Rev 01  
Form 027

Do not write above this line.

IBT number \_\_\_\_\_

Tax period \_\_\_\_\_

Business name \_\_\_\_\_

**You must round your figures to whole dollars. See instructions.**

Site where taxable sales were made

Location code \_\_\_\_\_

Site name \_\_\_\_\_

Site address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

**Column A**  
Number of gallons

**Column B**  
Tax

4 \_\_\_\_\_ X \_\_\_\_\_ = 5 \_\_\_\_\_  
(rate)

Location code \_\_\_\_\_

Site name \_\_\_\_\_

Site address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

4 \_\_\_\_\_ X \_\_\_\_\_ = 5 \_\_\_\_\_  
(rate)

Location code \_\_\_\_\_

Site name \_\_\_\_\_

Site address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

4 \_\_\_\_\_ X \_\_\_\_\_ = 5 \_\_\_\_\_  
(rate)

Location code \_\_\_\_\_

Site name \_\_\_\_\_

Site address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

4 \_\_\_\_\_ X \_\_\_\_\_ = 5 \_\_\_\_\_  
(rate)

Location code \_\_\_\_\_

Site name \_\_\_\_\_

Site address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

4 \_\_\_\_\_ X \_\_\_\_\_ = 5 \_\_\_\_\_  
(rate)

Location code \_\_\_\_\_

Site name \_\_\_\_\_

Site address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

4 \_\_\_\_\_ X \_\_\_\_\_ = 5 \_\_\_\_\_  
(rate)

